

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | <i>JA</i> | | 10/20/00 |
| O.I.P.E. CLASSIFIER | | 48 | 10/22/00 |
| FORMALITY REVIEW | <i>TM</i> | TC 564 | 11/14/00 |
| RESPONSE FORMALITY REVIEW | <i>L</i> | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 12/6/01 |
| 2 | 10/1/01 |
| 3 | 10/1/01 |
| 4 | 10/1/01 |
| 5 | 10/1/01 |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

TC 3 834

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1-930 U.S. PTO
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Form 1-TO-4
(Rev. 6/99)